Family Education & Support pg 1

Provider Name: Family Outreach Inc.

Comprehensive Evaluation - '06 - '07 Sample >	IFES-1	IFES-2	IFES-3	IFES-4	IFES-5	FES-1	FES-2	FES-3	FES-4	FES-5	PC 1	PC 2	PC 3	PC 4	PC 5	exit 1	exit 2	inelig PC1	inelig PC2	QAOS #
FSS >	K.R.	L.B.	M.E.	R.W.	A.B.	K.H.	A.P.	M.E.	A.B.	C,M.	K.A.	K.R.	L.K.	E.M.	R.Y.			R.B.	R.B.	
STANDARD FILE NAME >	S.F.	N.M.	C.B.	D.T.	C.T.	N.B.	C.L.	C.M.	O.T.	H.S.	A.B.	A.M.	C.M.	B.K.	I.H.			A.D.	T.C.	
RECORD MAINTENANCE (all services)																				
1. Complete CF records (Eligibility, IFSP, contact logs, HV records, assessments) for each child in services?	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2					
2. Documented contact with or on behalf of eligible child/family describing the service provided?	1	2	2	2	2	1	2	2	2	2	2	2	2	2	2					
ELIGIBILITY																				
1. Screening & eligibility process consistent with Dept policy?	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2					
2. Children not served concurrently in FES, PART C & IFES?	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2					
3. Confirmed DD diagnosis at age 6?	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2					
SERVICE COORDINATION																				
1. Evidenced coordination of services for eligible children/families?	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2					
2. Evidenced coordination w/ other community agencies to meet child/family needs?	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2					
IFSP																				
1. IFSP/service agreement written, signed & implemented for each eligible child/family?	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2					
2. IFSP's consistently contain:																				
demographics for child & family.	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2					
identify the support coordinator?	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2					
include child development information?	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2					
include service list which gives each service provided?	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2					
frequency & intensity of service?	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2					
location/natural environment of services (Part C only)?											2	2	2	2	2					
method of service delivery?	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2					
date of service initiation?	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2					
duration of service?	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2					
funding sources for each service?	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2					
3. All items on cost plan directly related to IFSP objective?	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2					
4. Outcomes & objectives modified as child/family needs change?	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2					
5. Documentation of written notice of IFSP meetings?	4	2	2	2	2	4	2	2	2	2	2	2	2	2	2					
FAMILY CENTERED: (file review or visits)																				
1. Are the families the primary decision makers:	2	2	2	2		2	2	2	2	2	2	2	2	2	2					
to determine family needs & resources?	1	2	2	2		1	2	2	2	2	2	2	2	2	2					
to determine their role in child evaluation?	1	2	2	2		1	2	2	2	2	2	2	2	2	2					
in identifying members of the IFSP?	2	2	2	2		2	2	2	2	2	2	2	2	2	2					
to determine desired outcomes?	2	2	2	2		2	2	2	2	2	2	2	2	2	2					
in identifying their role in service coordination?	2	2	2	2		2	2	2	2	2	2	2	2	2	2					
to decide how often/when home visits will occur?	2	2	2	2		2	2	2	2	2	2	2	2	2	2					
to choose which resources or service options to pursue?	1	2	2	2		1	2	2	2	2	2	2	2	2	2					
to evaluate the progress of the IFSP?	1	2	2	2		1	2	2	2	2	2	2	2	2	2					
2. Do families assist in choice of ancillary service providers (respite, OT/PT/SP, etc.)	2	2	2	2		2	2	2	2	2	2	2	2	2	2					
3. Do families assist in hiring/training hab aides & respite providers for their child?	2	2	2	2		1	2	2	2	2	2	2	2	2	2					
Comments:																				

IFSP #5, According to DDP State Office, any form of written notification for IFSP meeting is sufficient. It was sometimes hard to locate such notices. Since the statndard is not clear, this issue was not pursued by reviewers.